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“Are you still on that stupid diet?”: Women’s experiences of societal pressure and support regarding weight loss, and attitudes towards health policy intervention.

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Abstract

This study investigated how people's attitudes and motivation towards losing weight are influenced by societal pressures surrounding weight loss, their interaction with the obesogenic environment, and individuals' attitudes and motivation towards weight. Semi-structured qualitative interviews were conducted with 10 women currently attending commercial weight loss programmes. Participants reported experiencing conflicting messages regarding weight norms; the media portray powerful social norms relating to thinness and beauty, while changes to the food environment and interactions with family and friends commonly undermine weight-loss activities and promote increased consumption. Providing social and environmental support for the behaviours needed to produce weight loss may need to be a primary focus for obesity policy.

Key Words

Obesity, Appearance, Weight Norms, Self-Determination Theory, Social Policy

Introduction

Obesity is a serious and increasing public health issue both in the UK and across the world (Widhalm & Fussenegger, 2005). Not only is it associated with numerous comorbidities (Must et al., 1999), but is also related to negative emotional and psychological consequences such as depression and low self esteem (Wright et al., 2013; Santoncini et al., 2012). Recent work with obese adults has shown that as well as providing positive health benefits, significant weight loss is associated with improved emotional wellbeing and health related quality of life (Wright et al., 2013).

It has been suggested that one of the primary barriers to weight loss is the emergence of an 'obesogenic environment' (Swinburn, et al., 1999). This environmental perspective suggests that the organisation of modern societies is a significant contributor to weight gain through the effects of urbanisation and increased affluence on nutrition and sedentary lifestyles (Crossley, 2004; Chan & Woo, 2010). Increased availability of cheap, convenient and highly energy dense food (Johnson-Taylor & Everhart, 2006) coupled with aggressive marketing means that people are eating more high fat and high sugar foods more regularly than ever before (WHO/FAO Consultation, 2003). These changes are also reflected in international research carried out in Hispanic and Arabic cultures where large portion sizes, sedentary lifestyles and lack of exercise facilities are seen as primary barriers to weight loss (Corall, et al., 2013; Alqout & Reynolds, 2013). The physical and social environments that contributed to the rise in obesity and obesity-related behaviours also make it difficult for overweight individuals actively trying to lose weight to do so (Swinburn, et al., 1999).

Changes in social and cultural weight expectations could also contribute to the incidence of obesity. A shift in weight perceptions (i.e., what objective body size is considered to be 'overweight') has increased the acceptability of higher body weights

(Johnson, et al., 2008). Results from both the UK and USA show that while obesity levels have risen, the proportion of individuals self-classifying as overweight has decreased (Johnson et al., 2008; Burke et al., 2009). This shift in weight norms could contribute significantly to the increase in obesity rates, as if fewer overweight and obese people recognise themselves as such, it is highly likely that they will lack the motivation to change their behaviours in order to lose weight.

One way of tackling the environmental and societal barriers to weight loss is through implementing public health policy aimed at an environmental level. Research groups have identified a strong need for the development of an evidence framework to guide the development of policy to reduce obesity and support weight loss (Swinburn, et al., 2005). However, due to the rapid increase in obesity rates and the urgency to put preventive solutions in place, action has had to precede the evidence base in some cases (Yach, et al., 2005). This lack of evidence means that policy makers lack a coherent framework within which to coordinate future action and funding (Lang & Raynher, 2007).

Research on other health issues has shown that in order for policies to resonate with the target populations, public health approaches must demonstrate an understanding of the social drivers of health beliefs and behaviours (Syme 2005), and also how these behaviours are situated within the environment. One framework that may be useful in assessing how people respond to their social environment, and that has been explicitly linked to the role that social policies play within this (Moller & Deci, 2006), is self determination theory (SDT; Ryan & Deci, 1985, 1991). SDT describes how people can perceive the environment to vary in the degree to which it exerts control over their behaviour, shaping their motivation for a given behaviour. Motivation is described as residing at some point along a continuum of relative autonomy: People are said to be

controlled in their motivation (i.e., lacking in autonomy) when acting entirely through external contingencies (e.g., to gain rewards or avoid punishment) or through partially internalised contingencies (e.g., to avoid feelings of guilt or shame, or to attain social recognition). More autonomous forms of motivation result from acting for reasons that are considered to be personally meaningful and important, because a certain behaviour is perceived to be part of who one is (i.e., linked to self-identity; termed internalised regulation), or purely for the inherent pleasure of the behaviour itself (intrinsic motivation).

SDT can help to link people's perceptions of their environment to predictable consequences, in terms of the quality of experience and longevity of any behaviour change. Several decades of research in the health domain alone demonstrate how long-term health behaviour change is associated with more autonomous forms of motivation (e.g. smoking cessation, Williams, et al., 2009; and weight loss, Texeria et al., 2006). Coercive approaches that attempt to bring about behaviour change through promoting guilt (e.g., staying healthy for others) or avoiding punishment (e.g., withdrawal of medical treatment for failing to stop smoking) have poorer long-term outcomes. Therefore, in building on past work that suggests that public support is important for the success of social policies (Fuemmeler et al. 2007), the SDT framework may help to facilitate a more directed approach at investigating what the basis of such "support" may be; namely in investigating whether policies are perceived to be supportive of autonomy or controlling of the health behaviours that they aim to influence. SDT describes social environments that promote autonomy as those which are supportive of three universal basic psychological needs; autonomy (feeling that one has choice and personal agency), competence (feeling capable to carry out desired actions) and relatedness (feeling valued by and connected to others) (see Ryan, 1995 for a full discussion on psychological needs). The degree to which a policy either supports or

thwarts these needs can therefore be used to assess its support for promoting autonomous forms of motivation.

The present investigation aimed to explore women's experiences of societal pressure and support regarding obesity and weight loss, and how these environmental pressures may inform their attitudes towards policy intervention from a SDT perspective. As the social pressures regarding weight and appearance are different in men and women, as men often perceive greater pressure towards a muscular rather than thin physique (Myers & Crowther, 2009; Frederick, et al., 2007), the present study focused on the social pressures faced by women.

Method

Procedure

Full ethical approval was obtained from University of Bath Department of Psychology Ethics Committee. Interviews were conducted approximately 1 week after recruitment, and took place in either a public setting or the participant's home, lasting between 40 minutes and 2 hours (with most lasting approximately 1 hour). The sample frame consisted of women currently attending commercial weight loss programmes (CWLPs) to ensure that they had direct experience of deciding to, and trying to lose weight in the current social policy environment.

A semi-structured interview was designed containing three sections: (1) Reasons for choosing a commercial weight loss programme (CWLP) and whether the participant had found it helpful. (2) Beliefs about weight gain and obesity, exploring participants' thoughts on why people gain weight and why there has been an increase in the number of overweight people in society. Questions also explored the reasons participants' gave

for their own weight gain, how much they felt in control of their weight, and if they thought anything else could help them to lose weight. (3) Current health care policy approaches and whether participants felt these approaches would be helpful for other people and themselves. Three main areas of policy were covered with several examples given of each, these were; education and behaviour, environmental, and incentivising/punitive approaches.

Analysis

Transcripts were analysed using theoretical thematic analysis (Braun & Clarke, 2006). Once transcribed, all the interviews were read and reread by the researcher to become familiar with the data (Bird 2005, as cited in Braun & Clarke, 2006), while making notes and highlighting sections of interest in each transcript. As the analysis was theoretically driven, the notes were guided by the research questions outlined in the introduction. Next, initial codes from the data were identified in order to break down the data into meaningful segments. The individual codes were reviewed in collaboration with a second researcher and arranged into coherent clusters. Clusters were then reviewed by both researchers and consolidated into main themes.

Results

Participants

Ten female participants were recruited, aged between 34 and 65 years, with a mean age of 47.8 years. All had at least high school education and had been attending a CWLP for between two weeks and twelve months; five had previously attended the same programme and were now returning for a second time since regaining initial weight loss.

Two main themes were identified from the data; Conflicting Weight Norms and Policy Support.

Conflicting weight norms

This theme encompassed the conflicting messages that women receive about weight, regarding both what constitutes a 'normal' or acceptable weight and the acceptability of changing ones weight.

Throughout the interviews there was a strong sense from participants that 'thin is good'. Every participant talked about how women must be slim in order to be accepted in society, and how this provided strong motivation to lose weight,

P5: It's odd isn't it, we all most of us now regard being thin as being very glamorous. In today's society there's, there are celebrity role models everywhere that are not fat.

P9: You're constantly bombarded with images of skinny people...and I think if skinny is what is acceptable everyone wants to be accepted.

As well as the notion that 'thin is good', P5 also talked about how being overweight leads to negative judgements;

P5: Everybody has magazines and there's constant pictures of somebody looking fat or having some mistakes, some celebrity; "Oh look that girl's got a bit of a tummy how terrible, how dare she?". It's like so the girls at school who've got a little bit of tummy can't show that; "Oh dear that's bad, I must have plastic surgery to look great like somebody on the beach in a magazine."

Overall, participants talked in great detail about the pressures they felt to lose weight due to receiving negative social and cultural judgements. The strength of these negative judgements may be due to the fact that in today's society the body has become a key part of one's identity (Aphramor, 2005; Gard, 2007). Research reports how many moral attributions are now made about a person on the basis of their weight (Foucault, 1990); with a thin body associated with high moral worth and self control while an obese body signifies immorality and gluttony.

Many participants felt that pressure to conform to the thin-ideal stemmed from media and celebrities. Participants felt that the media exerted huge pressure to conform to the thin-ideal, firstly by revering thin celebrities, and secondly by casting negative judgements on anyone who did not conform. However, although all participants acknowledged that this pressure existed, many also identified that the thin-ideal was unrealistic and unachievable.

P6: We're always told we've got to be really really skinny, you know you get all these magazines with Victoria Beckham and Cheryl Cole and all those, and you're expected to look like that, I mean you never do anyway, there's nothing normal and you're expected to look and dress that way. And I think there's a lot of pressure on us to do that.

As all participants were attending CWLPs, many of them had lost a substantial amount of weight. In doing so, many had found that friends' reactions to their weight loss were surprisingly negative and unsupportive. P3 talked about the response she had received from others due to her changing weight and eating habits,

P3: People around you don't want you to be thin, well not that they don't want you to be thin but they don't want you to change... They don't want you to be on a diet they want you to be out there socialising with them and still doing all your eating and drinking. So you're constantly asked are you still on that diet? Are you still on that stupid diet?

P5 also had similar experiences and talked about how being on a diet unsettled her social routine and was seen as a threat by her friends,

P5: [friends say] "You don't need to do that, have a cake, why are you dieting? You're gonna make yourself ill..." it's because you're going to change and they might not want you to because you're going to subvert their attitudes towards you, you may be threatening them because they may feel themselves that they should be losing weight and if you're not gonna join them in being fat then it's not a good thing.

Both participants found the negative reaction from their friends very difficult to deal with. Given the pervasiveness of the thin-ideal, this reaction contradicts the view of thin as a desirable image. One reason for this may be that although a thin body is seen as desirable, going on a diet conflicts with social norms for consumption and behaviour at social occasions. In western societies, eating out has not only become a normal part of everyday life but an important social event. Thus, although wider society pressure women to be thin, close social contacts may undermine attempts to behave in ways that may help to achieve this by pressuring people to over-consume.

Another reason for the negative feedback from participants' immediate social context may be that aside from portrayals in the media, being overweight has become

increasingly acceptable. P7 and P3 both talked about how the prevalence of overweight people has lead to it being viewed as the norm;

P7: It's everywhere you go and I suppose some of it is just, it's accepted isn't it? Umm.. it's just, it's become the norm I suppose and nobody, I suppose nobody challenges.

P3: Has it become acceptable.. to be bigger I wonder?... Have we just got used to us all being bigger so it's more acceptable?... I guess is society catering for bigger people so it makes it easier to be bigger.

The notion of society catering to bigger people was echoed later on by P7,

P7: You know clothes are available for the bigger person you know, there's no.. you wander round town and there's no encouragement to.. lose weight is it? It's all about come in, have our food do this do that, I don't know I think it just comes back, it's just everywhere and available.

This experience of living in a society where being overweight and over-eating is the norm (Johnson et al., 2008), coupled with powerful media messages extolling the virtues of the thin-ideal means that women experience two very conflicting messages regarding weight and consumption. In attempting to resolve the conflict between the thin-ideal and real world experiences, many participants challenged whether the thin-ideal is realistic and attainable. The belief that the thin-ideal represents an unrealistic body size has significant implications for weight loss motivation, particularly among those for whom conforming to the thin-ideal is a primary source of motivation. One means by which this happens could be due to the conflicting messages women receive

can create cognitive dissonance (Festinger, 1957), a psychological state where the disparity between what an individual believes and their actions creates psychological discomfort. In order to resolve the discomfort, people are prompted to change either their actions or beliefs. As behaviour is more difficult to change than beliefs, and being overweight still 'fits' with other social norms, overweight and obese individuals may come to view the thin-ideal as unachievable, removing the rationale for weight loss, and consequently undermining their attempts to lose weight.

Women's experiences of pressure regarding weight norms and weight loss are pertinent for policy support. Policy aimed at reducing obesity is likely to be evaluated by the public in relation to their own experiences of weight loss. Therefore, if policy fails to address the areas which individuals have identified as challenging, such as their immediate social environment, then they are unlikely to be supportive.

Policy Support

This theme relates to how supportive participants were of the concept of policy intervention to reduce obesity, and how this related to their support for specific concrete examples of policy approaches. By asking participants to discuss specific examples of policy level intervention we were encouraging them to think more about the practical rather than philosophical potential for policy providing support for weight loss. We anticipated that these responses may be more pragmatic and insightful, and less open to social desirability biases.

Overall it appeared that participants' support for policy intervention was contingent on their belief that the government has a responsibility for tackling obesity, and more pragmatically, on whether they felt these policies were feasible. All participants were supportive of the general concept of policy intervention. Although some were resistant

to policy intervention in other areas of individual behaviour, the participants felt that the scale and cost of the obesity problem merited governmental action;

P3: I don't think that's it a bad thing for the government to be involved in, occasionally they do things and I think this is a complete nanny state and it's just dreadful why are they getting involved in this, it's absolutely none of their damn business what people do. But this is huge, it affects so many people.

P6: It's going to be cost effective because obviously it's going to be less for the NHS to have to deal with the health problems that spin off from weight problems.

Participants recognised obesity as a very pertinent issue which requires involvement from the government, and were supportive of the concept of policy intervention in order to reduce future long term health and cost implications. Additionally, many participants had attended a CWLP several times, indicating that they had struggled to maintain initial weight loss, and reported having experienced negative feedback as a result of their weight loss. As such, it is likely that they would welcome intervention at a policy level to create a more supportive environment.

Despite being supportive of the concept of policy intervention, when presented with concrete examples of policy intervention, many participants raised concerns about their feasibility and impact on obesity, and were overall pessimistic with regard to their potential efficacy. Both P5 and P7 discussed the viability of two policies relating to taxing junk food and weight dependent life insurance premiums;

P5: You have to judge whether these things are actually um enforceable, I don't think the tax on junk food is enforceable.

P7: Health life policies - don't have a problem with that, why shouldn't you have different health policies? I dunno how you'd do it 'cause BMI's not always the best way to do it so I don't know how you'd do it.

P5 also reinforced her reservations by referring to other health policies that she believed had failed in the past. Here she refers to the Traffic Light food labelling scheme used by the Food Standards Agency which uses traffic light colours to indicate the nutritional content of food items.

P5: I don't know why did the traffic light thing fail?...I think maybe the food companies didn't want to do it they saw it as being damaging to their product and there was a lot of lobbying against it.

Other participants were concerned with how willing companies might be to support the policies in practice. P9 talked about problems with free air-time for public service announcements;

P9: That'll never happen anyway 'cause commercial stations they survive on the on the advertising that they run and then certain companies won't spend money on TV if McDonalds advert is followed by a health warning, just won't happen.

P9 also raised concerns about the negative effects of the policies. Here she talks about the impact of lowering the cost of fruit and vegetables;

P9: Yeah I mean I think definitely lower the price of fresh fruit and vegetables, but that's just giving. I mean I don't know how they would do that 'cause the problem with that as well surely [is that] that's gonna affect producers of fresh fruit and vegetables.

In all of these cases the participants voiced positive support for the concept of intervention but had concerns about how the approaches would work in practice. One reason for this may be that although they want to lose weight, their experiences of living in a society which promotes overconsumption and increased acceptability of being overweight, and the negative feedback/lack of support that they have previously received from their immediate social context, means that they are unable to see policy having an impact. This is supported by the fact that although participants were asked to suggest ways in which policy could be successful, all were unable to do so.

Participants only expressed optimism in a policy's potential success if they believed an approach to have been successful in other behavioural domains (e.g., tackling smoking and alcohol), and this linked to expressions of greater support;

P7: I think if it's based on what they did with smoking, my understanding is the smoking stats are down so it can only help.

P9: They do pictures of... you know your lungs and your heart from cigarettes and liver from alcohol, [I think] they ought to do the same thing with food, I really do.

P3: It's looking at you know what's worked in other areas and learn from that and if drink driving has reduced and all that sort of stuff then..is it, why is it

worked and if that was through emotionally shocking adverts let's do it with obesity.

In a similar manner, if a participant had experience of these interventions not being effective then they also tended to lack support for the approach in reducing obesity. P10 expressed her view that a tax on junk food would not be successful as she had seen little impact of increased tax on the sale and use of cigarettes,

P10: It's not gonna make any difference at all it's just like cigarettes, people, you know if they're gonna smoke they carry on smoking however expensive the cigarettes are.

One reason for this may be that when individuals are presented with unfamiliar conditions they often resort to 'representativeness heuristics', whereby mental schema developed with similar categories of experience are used to evaluate the likely success or failure of future events (Tversky & Kahneman, 1974). Obesity and tobacco use have similar multi-factorial causal determinants, and are both visible in society. Therefore if participants believe that a policy approach has been successful in reducing smoking, they find it easier to see how it could be successful in reducing obesity. In the same way if participants have found a policy approach not to be effective then they are unlikely to believe that it could be successful in another health area.

Discussion

Women's experiences of pressure regarding obesity and weight loss appeared to have a significant impact on their support for policy intervention aimed at reducing obesity. Participants recognised the pressure to be thin and conform to the thin-ideal as being strongly established in today's society. However, many felt this to be unachievable,

especially given feedback lack of support from family and friends when engaging in attempts to lose weight and meet this ideal. Overall, two significant factors emerged in determining participants' support for policy intervention; firstly, the source of a person's motivation for losing weight, and secondly, support from their immediate social context.

The impact of motivation and support on behaviour change can be further understood when viewed from a SDT perspective (SDT; Ryan & Deci, 1985, 1991). According to this framework, behaviour change is more likely to take place when it stems from autonomous motivation. Autonomous motivation can be facilitated through the support of an individual's needs for autonomy, competence, and relatedness. That is, long term behaviour change is facilitated when people choose to enact a specific behaviour because it is personally meaningful to them, they feel that they have chosen to and are able to do so, and feel that others support their behaviour choice. As such, it may be insightful to consider participants' views towards policies presented in this study according to how they appear to align with these three needs.

Women in this study felt their primary motivation for losing weight was external pressure from the media to be thin. This type of motivation stems from external environmental pressure, often to avoid the social punishment (stigma) associated with being overweight and obese. Therefore this motivation was felt to be controlling, and undermining of the need for autonomy. That is, rather than being motivated by personally valued reasons, participants were trying to lose weight due to societal pressure. Pressure to conform to the unrealistic thin-ideal also undermined participants' sense of competence, evidenced by participants' frequent references to the thin body shape not being 'normal'. Participants recognised the pressure of the thin-ideal and felt the need to lose weight because of this, however as many also found it to be unattainable, and even unhealthy.

Participants' motivation to maintain weight loss was further challenged by a lack of support from the immediate social context, i.e. family and friends. Negative reactions from family and friends are likely to undermine a person's sense of relatedness (i.e., feeling of belonging to, and being valued by others), and lead to negative emotional consequences. Even when participants were successful in losing weight, the negative reactions they received meant that they did not feel that their behaviour change was socially acceptable within their immediate social context. Interpreting these findings through an SDT lens may be useful in understanding why pressure from family and friends to over consume and take part in social eating, appears to override pressure to conform to the thin-ideal. The hierarchical model of motivation (Vallerand, 1997) provides an account of how needs and motives can operate at different levels, from the global level encompassing societal level factors (in this case media-endorsed pressures to be thin), to the contextual (e.g., a person's immediate social circle) and situational (e.g., a particular eating occasion) levels. While influences at one level can influence those below and above in the hierarchy, and are expected to align through this means over time, behaviour on a given occasion is most closely predicted by situational level influences. As such, the undermining influence of contextual and situational level influences (i.e. family and friends) are likely to have more impact on behaviour than wider society and the media in sustaining obesogenic behaviours.

Participants' experiences of their weight loss attempts in terms of satisfaction for the need for competence, may also be applied to interpreting the support reported for policy intervention. All participants supported government intervention to help reduce obesity in principle, which may reflect their lack of confidence in their ability to overcome barriers to weight loss on their own. Conversely, when concrete policy approaches were presented, participants were able to reflect more on personal experience of the

undermining effects of their environment (e.g., to contemplate whether a specific policy would help them to maintain behaviour changes in situations that they find particularly challenging). Factors such as negative social reactions to weight loss from family and friends making them feel that their behaviour was socially unacceptable meant that they had little confidence in the success of such approaches, and consequently support for specific policy interventions was very low.

The findings suggest that accounting for the impact of proximal social and environmental support and pressure may be important for future policies to be successful. In particular, for successful long term behaviour change to occur, policies should endorse autonomous reasons for losing weight and preventing weight gain, support people in achieving these goals, and try to foster wider societal and environmental level support for the behaviours that are required to achieve weight loss. Policy interventions aimed at bringing about societal (i.e., global) level changes (Moller, Ryan & Deci, 2006), would be expected to filter down to the contextual and situational levels as more of a person's social network experience this global change (Vallerand, 2007). For example, policies may attempt to influence social norms, both in relation to promoting more achievable healthy body weights, but also in terms of reversing the norms that participants in the present study identified for over-consumption and sedentary lifestyles. By doing so, individuals may experience less conflict, and a greater sense of relatedness to those around them when adopting a healthy lifestyle, and may perceived a healthy weight to be more achievable. All of this would help to promote autonomous regulation for weight loss, which has been shown to lead to more successful long term results (e.g. Teixeira et al., 2006).

Limitations

The present study is limited by its participant group, who represent a small group of women from similar socio-economic, ethnic and geographical backgrounds, attending CWLPs for help to lose weight. The present work provides a useful base for future studies; however, further research into the impact of gender and socio-economic status on attitudes and responses to policy may be warranted given the differences in the prevalence of obesity across these groups. Furthermore, greater insight into effective policy approaches may be gained by exploring the views of obese individuals who are not currently trying to lose weight; it is these people who present the greatest challenge to interventions and policy makers.

Conclusion

The findings of the present study suggests that women seeking to initiate and maintain weight loss experience competing pressures in relation to their weight loss activities, which may undermine their motivation to achieve lasting behaviour change. Their social environments provided both pressure and support for weight loss behaviours in different ways: At a global level, participants acknowledged powerful social norms relating to thinness and beauty conveyed by the media, however these were considered to be largely unattainable, potentially undermining both autonomy (through the experience of pressure), and competence. However, at contextual and situational levels (i.e., in their day to day experience), changes to the food environment, an increasing prevalence of overweight, and interactions with friends and family commonly undermined weight-loss activities and promoted increased consumption in order to feel accepted. This lack of proximal social or environmental support to enacting the behaviours necessary to lose weight, suggests a worthwhile primary focus of future obesity related policy.

Conflicts of interests

There were no known conflicts of interest

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